

**APPLICATION FOR BODY ART PRACTITIONER LICENSE
HAVERHILL BOARD OF HEALTH**

Type of application: NEW Application (\$250.00)
 RENEWAL Application (\$250.00)

Full Name:
Date of Birth: _____ (Month, Day, Year)
Identification: <input type="checkbox"/> State Drivers License <input type="checkbox"/> State Identification card
Body Art Facility Name:
Body Art Facility Address:
Facility Telephone #:
Body Art Facility Owner if (if different from applicant):

Practitioners License Type:
 Body Piercing (only)
 Tattooing
 Both

Provide the following:

- A signed and dated acknowledgement that the applicant has received read and understood the requirements of the Body Art Regulation.

- Evidence of course completion in Prevention of Disease and Blood borne pathogen training program.

- Evidence of current certification in First Aid/ CPR.

- Evidence of at least two (2) years actual experience in the practice of performing Body Art activities of the kind for which the applicant seeks a Body Art License to perform.

- The applicant for body piercing, shall provide documentation, that s/he completed: Anatomy & Physiology I & II with a C or better from a college accredited by the New England Association of Schools & Colleges, or comparable accrediting entity. This course work must include instruction on the systems of the integumentary system (skin).

- The applicant for a tattoo practitioner permit shall provide documentation, that s/he completed: Anatomy & Physiology I with a C or better from a college accredited by the New England Association of Schools & Colleges, or comparable accrediting entity. This course work must include instruction on the systems of the integumentary system (skin).

- Proof of Hepatitis B vaccination series.

APPLICANT / BODY ART FACILITY LICENSE STATEMENT OF CONSENT:

I understand that this practitioner's license expires on December 31 of this year. I have received a copy of the City of Haverhill Board of Health Body Art regulation and agree to abide by these regulations.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete, accurate, and not misrepresented in any way.

Signature: _____ Date _____

Name and Title Print: _____

Office Use Only:

Date Received: _____ Hearing Date: _____ Decision: _____